								SERIAL NO.				FILING DATE			
MULTIPLE DEPENDENT CLAIM							APPLICANTIS)			15					
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								APPLICA	NT(S)						
		(FOR U	SE WITH	FURM P	10-875)			<u> </u>							
	T		Δ.	AFTER A			CLAIN FTER		1		- 1	T:			
<u> </u>	+	FILED	1st AM	ENDMENT	2nd AM	ENDMENT		L	<u> </u>		1.		1		
	IND.	DEP.	IND.	DEP.	INF.	DcP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1'_		<u> </u>		ļ	<u> </u>	1	51					1		
2	-	1!	 	↓	<u> </u>	<u> </u>]	52			7				
3	+	1	<u> </u>	<u> </u>	<u> </u>]	53						1	
4	 	1		<u> </u>	<u> </u>		1	54							
5	_	1/		<u> </u>]	55				Ī		†	
6		1		<u> </u>				56							
7	1		<u></u>				1	57			1		1	†	
8	↓	1					1	58			1			 	
9	<u> </u>	1					ĺ	59			1 -	 			
10		1	<u> </u>				1	60	1						
11	<u> </u>	1						61				 			
12	<u> </u>							62			<u> </u>				
13	_/							63			 	<u> </u>			
14	<u> </u>	1						64			 	 			
15		,						65					 		
16		1						66							
17		1						67							
18								68							
19		1						69	+			-			
20		1						70							
21		1						71	-						
22		1					1	72							
23		1					j	73						——	
24	1						Ì	74							
25		1			<u></u>		ŀ	75							
26		/					- 1	76							
27		_ /					- 1	77							
28		/					Ì	78							
29							ł	79							
30							Ì	80		$\neg \neg$					
31							Ī	81				$\neg +$			
32								82					$\overline{}$		
33							ſ	83							
34							Ī	84					-		
35								85							
36								86							
37]				ſ	87					-+		
38							ſ	88					+		
39							ſ	89		\Box					
40								90							
41							L	91		T					
42								92							
43								93							
44								94							
45	<u> </u>						Γ	95							
46	<u> </u>							96							
47								97							
48							[98							
49	 						[99							
50	┝╼┥						[100							
TOTAL IND.	5		١	, , 1		1	[TOTAL				,			
TOTAL DEP.	23			ا ف		ا فہ	t	TOTAL DEP.		ا ف		الحا		ا لـ	
TOTAL		 1													
CLAIMS	28							TOTAL CLAIMS					1		

٤,

SERIAL NO.